3/29/2004

Travel Montana Bed & Breakfast Survey Form

PROPERTY NAME					
SERVICE CITY *	TOURISM REGION *				
NUMBER OF ROOMS *		NUMBER OF ROOMS	NUMBER OF BOOMS		
TYPE OF BREAKFAST *	O Continental O Full	NUMBER OF ROOMS WITH SHARED BATH	NUMBER OF ROOMS WITH PRIVATE BATH		
ADDITIONAL INFO (10 word limit	t)				
AVG. ROOM RATES *	○ \$ = Under \$50.00 ** ○ \$\$ = Between \$50.00 and	-	een \$75.00 and \$90.00 ** \$90.00 **		
** ROOM RATES: Room Rates are b applies to your 2002 room rates BEF		004 SUMMER SEASON. Mark the ON	E category above which BEST		
SEASON OF OPERATION		HOURS OF OPERATION			
RESERVATION POLICY Group Reservations Required Late Cancellation Fee		ions Not Accepted Reservations ions Recommended Walk-Ins Weld			
PAYMENT METHODS ☐ American Express ☐ Carte Bland ☐ Canadian Currency ☐ Cash		☐ Personal Check (Ouncek (In State) ☐ Travelers Checks	ut of State) 🔲 Visa		
DISCOUNTS ☐ AAA Discount ☐ Child Discount ☐ Group Discount ☐ Military	☐ Montana State Employee ☐ S ☐ Off Season ☐ S	enior Citizens U.S. Government tudent Discount			
CONTACT INFORMATIO	DN				
CONTACT PERSON					
STREET ADDRESS					
MAILING ADDRESS					
CITY, STATE ZIP					
PHONE	2ND PHONE				
TOLL FREE PHONE		FAX			
EMAIL ADDRESS					
WWW-SITE ADDRESS					
	REAKFAST: Briefly des		of your property and prov		
directions (preferably fro	m a major airport or high	way) that will help visitors	locate your business.		
	m a major airport or high	way) that will help visitors	locate your business.		
	m a major airport or high	way) that will help visitors	locate your business.		
	m a major airport or high	way) that will help visitors	locate your business.		
	m a major airport or high	way) that will help visitors	locate your business.		

O Cabin

O Chalet

O Bed & Breakfast O Condominium

O Conference Facility

O Guest Ranch

Travel Montana

BED & BREAKFAST Survey Form - continued

O Working Ranch

TYPE OF BUSINESS (Please check the ONE keyword that best describes your business)

O Hot Springs O Vacation Home

O Hotel/Motel O Resort

O Lodge

O Hostel

OTHER KEYWORDS THAT DESCRIBE YOUR BUSINESS (Please check no more than two additional keywords that describe your business, excess keywords will automatically be dropped)							
_	erence Facility Hotel/Motelst Ranch Lodge						
SERVICES AVAILABLE AT YOUR BED & BREAKFAST (Please check only services and amenities provided at your place of business).							
☐ Air Conditioning ☐ Automated Teller Machine ☐ Bar/Lounge ☐ Beer/wine ☐ Bicycle Rental ☐ Boat Charter ☐ Boat Launch ☐ Boat Rental ☐ Books ☐ Breakfast ☐ Business Services ☐ Caddy ☐ Cafe ☐ Casino ☐ Catering Service	☐ Childrens Activities ☐ Coffee Shop ☐ Concierge ☐ Convention Center ☐ Continental Breakfast ☐ Corporate Rate ☐ Dinner ☐ Driving Range ☐ Equipment Rental ☐ Fax Service ☐ Fine Dining ☐ Food Services ☐ Gift Shop ☐ Golf Cart ☐ Guide ☐ Handicapped Accessible	Health Club Horse Rental Hot Tub In-room coffee In-room movies Indoor Pool Information Internet Access Internet Access High S Interpreter Kitchen Laundry Lunch Marina Massage Meeting Room		□ Sauna □ Senior Discount □ Shuttle Service □ Snack Bar □ Spa □ Store □ Styling Salon □ Suites □ Tennis Court □ Transportation □ VCR/Movie rental □ Vending Machines			
ACTIVITIES AVAILABLE AT YOUR BED & BREAKFAST (Please check only activities that are provided at your place of business.							
☐ Bird Hunting ☐ Climbir☐ Bird Watching ☐ Cowbo☐ Board Game ☐ Croque	ing	☐ Horseback Riding ☐ Horseshoes ☐ Hot Spring ☐ Hunting ☐ Ice Fishing ☐ Ice Skating ☐ Kayaking ing ☐ Lake Fishing ☐ Motor Boating ☐ Motorcycling ent ☐ Movie/Film	□ Music □ Snowmob □ Nature □ Snowshoe □ Paddle Boat □ Storytellin □ Parasailing □ Stream Fizer □ Photography □ Swimming □ Ping Pong □ Tennis □ Racquetball □ Walking □ River Fishing □ Water Ski □ Sailing □ Wildernes □ Shuffleboard □ Wildernes □ Skiing □ Wildlife Vi	eing Winter Sport g Yachting shing g ing iss s			
DETAILED ROOM RATES							
,	NIGHTLY RATE		EFFECTIVE DATES)			
	Lowest	Highest	Starting E	nding			
Regular Season	<u> </u>	<u> </u>					
Off Season							
Peak Season Suites							
Juiles							
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Bed & Breakfast Survey Form - continued

DESCRIPTION (Please describe your	bed and breakfast inn.	Attach additional pa	ges if necessary)
	IMPORTANT NOT		
Lodging Facilities are <u>required</u> to provide included in the State's annual Travel Plann	er and Electronic Marketing	Projects. If you are unsu	re of your Facility
Tax ID Number or if you have questions, pl Department of Revenue (406) 444-5421.	lease contact Jeff Salandi	(jsalandi@state.mt.us)	at the Montana
If you have provided us with your ID	number in the past, it	is listed here	
Owner or General Manager (Please Print)	Signature		Date
PLEASE RETURN THIS	S QUESTIONNAIR	E BY AUGUST 8,	2003 TO:
Fravel Montana reserves the right to edit the inf			assistance
completing the survey and/or have questions pl	lease contact our data entry	office at	

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